

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025733

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 14

FILED JUN 19 1962

## 1. PLACE OF DEATH

a. COUNTY

Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

Pike Township

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Stoddard

c. CITY

OR

TOWN

Advance

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION R# 2, Advance, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Nelson

Middle Gene

Last Wolfenkoehler

## 4. DATE OF DEATH

Month May

Day 17

Year 1962

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

11-16-24

9. AGE (last birthday)

37

IF UNDER 1 YEAR

Months 6

Days 1

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Jackson, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

F. W. Wolfenkoehler

13b. MOTHER'S MAIDEN NAME

~~XXXXXX~~ Anna McBride

14. NAME OF HUSBAND OR WIFE

Nola Wolfenkoehler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nola Wolfenkoehler Advance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Struck by lightning

INTERVAL BETWEEN ONSET AND DEATH

instantly

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Was driving a farm tractor pulling a rotary

20c. TIME OF INJURY

Hour 2:30

Month, Day, Year 3-17-1962 hoe, lightning struck him killing him instantly.

20d. INJURY OCCURRED WHILE AT WORK ☒NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

farm

20f. CITY, TOWN, OR LOCATION

Advance, Stoddard County, Mo. R. 2

COUNTY

STATE

21. I attended the deceased from -----, to ----- and last saw him alive on -----

Death occurred at App. 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marsh Watkins Coroner

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-20-62

23c. NAME OF CEMETERY OR CREMATORY

Morgan Memorial Park

23d. LOCATION (City, town, or county)

Advance

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wm. B. Morgan Advance, Mo.

25. DATE RECD. BY LOCAL REG.

5/22/62

26. REGISTRAR'S SIGNATURE

Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 1030

2 1030

3 2

4 0

5 1

6

7 0

8 2

99351

10 3

11 103

12 90-3

13 3-1

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

*Wm H. Morgan*

Licensed Embalmer No.

*4640*

P. O. Address

*Advance, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.